



## PUBLIC EMPLOYMENT RELATIONS COMMISSION

Street: 112 Henry Street NE, Suite 300, Olympia, WA 98506

Mail: PO Box 40919, Olympia, WA 98504-0919

Phone: (360) 570-7300 Fax: (360) 570-7334 E-mail: filing@perc.wa.gov

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OLYMPIA, WA

JUL 25 2006

PUBLIC EMPLOYMENT  
RELATIONS COMMISSIONPETITION FOR INVESTIGATION OF  
QUESTION CONCERNING REPRESENTATION☐ Amended Petition in Case ..... - E - .....

Instructions: Other side of this form (page 2) Applicable Rules: Chapters 10-08, 391-08, and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

<b>1. EMPLOYER</b> <u>Klickitat Valley Health Services</u>		<b>ATTORNEY OR REPRESENTATIVE</b>	
CONTACT PERSON	ADDRESS	ADDRESS	
	<u>310 S Roosevelt</u>		
	<u>P.O. Box 5</u>		
CITY, STATE, ZIP	<u>Goldendale, WA 98620</u>	CITY, STATE, ZIP	
TELEPHONE	ext.	TELEPHONE	ext.
FAX		FAX	
E-MAIL		E-MAIL	
<b>2. PETITIONER</b> <u>SEIU 1199NW</u>		<b>ATTORNEY OR REPRESENTATIVE</b>	
CONTACT PERSON	ADDRESS	ADDRESS	
	<u>Curt Williams</u>		
	<u>15 S Grady Way</u>		
	<u>Suite 200</u>		
CITY, STATE, ZIP	<u>Renton, WA 98055</u>	CITY, STATE, ZIP	
TELEPHONE	<u>425-917-1199</u> ext.	TELEPHONE	ext.
FAX	<u>425-917-9707</u>	FAX	
E-MAIL		E-MAIL	
<b>3. INCUMBENT BARGAINING REPRESENTATIVE</b> <i>Indicate one.</i>			
<input type="checkbox"/> The employees involved are not currently represented for bargaining; OR <input type="checkbox"/> The employees involved are currently represented by the organization below:			
<b>ORGANIZATION</b>		<b>ATTORNEY OR REPRESENTATIVE</b>	
CONTACT PERSON	ADDRESS	ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
TELEPHONE	ext.	TELEPHONE	ext.
FAX		FAX	
E-MAIL		E-MAIL	

**4. COLLECTIVE BARGAINING AGREEMENT** *Indicate one.*  
☐ The parties have never had a contract; OR ☐ A copy of the parties' current (or most recent) collective bargaining agreement is attached.

**5. SHOWING OF INTEREST** *A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.*

6. BARGAINING UNIT	EMPLOYER'S PRINCIPAL BUSINESS	DEPARTMENT OR DIVISION INVOLVED	NUMBER OF EMPLOYEES IN UNIT
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DESCRIPTION OF UNIT *Indicate inclusions, exclusions, contract page or case/decision number.*All non-supervisory Paramedics.

**7. DESIGNATION OF REQUEST** *Indicate one.*

☒ **RECOGNITION REQUEST.** The petitioner requests certification as exclusive bargaining representative of the bargaining unit.

☐ **CHANGE OF REPRESENTATIVE.** The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.

☐ **DECERTIFICATION.** The employees in the bargaining unit no longer desire to be represented by any employee organization.

☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION.** The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.

☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED.** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.

**8. OTHER RELEVANT FACTS** *Indicate, if applicable.*  
☐ Additional information is set forth on separate sheets of paper attached to this petition.

**9. AUTHORIZED SIGNATURE FOR PETITIONER**

PRINT NAME	<u>Curt Williams</u>	TITLE	<u>Organizing Director</u>
SIGNATURE	<u>[Signature]</u>	DATE	<u>7/24/06</u>